

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

ADDRESS (number and street)

1601 Exposition Blvd; PC1A

☐Check if different  
than previously  
reported. (ACC)

Sacramento

CA

95815

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00406215

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

07

2006

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2006

through

10

18

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jaynealyce Mitchell

Signature of Treasurer

Electronically Filed by Jaynealyce Mitchell

Date

10

23

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		8279.00
(b) Cash on Hand at Beginning of Reporting Period .....	15727.50	
(c) Total Receipts (from Line 19) .....	380.50	7829.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	16108.00	16108.00
7. Total Disbursements (from Line 31) .....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	16108.00	16108.00
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	295.00	3020.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	85.50	4809.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	380.50	7829.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	380.50	7829.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	380.50	7829.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	380.50	7829.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	0.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	380.50	7829.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	380.50	7829.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

<b>A.</b> Full Name (Last, First, Middle Initial) Cheryl Bryant		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 12658 Princeton Drive		
City Auburn	State CA	Zip Code 95603-2982
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> EMP2006101388887
Name of Employer Nationwide Enterprise		Amount of Each Receipt this Period 10.00
Occupation HR Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00

<b>B.</b> Full Name (Last, First, Middle Initial) Linda Coleman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 9761 Summer Glen Way		
City Elk Grove	State CA	Zip Code 95757-8323
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> EMP2006101388888
Name of Employer Nationwide Enterprise		Amount of Each Receipt this Period 25.00
Occupation Supervisor, Comm Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00

<b>C.</b> Full Name (Last, First, Middle Initial) John Fischl		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 9341 Moondancer Circle		
City Roseville	State CA	Zip Code 95747-7114
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> EMP2006101388889
Name of Employer N0135		Amount of Each Receipt this Period 20.00
Occupation Regional VP - Western Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

**A.**

Full Name (Last, First, Middle Initial)

Jim Hanley

Mailing Address 3032 Beechwood Court

City

Fairfield

State

CA

Zip Code

94533-7731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nationwide Enterprise

Occupation

Claims Director - Field

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	6

Transaction ID: EMP2006101388899

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

James Larsen

Mailing Address 3531 Hunters Circle

City

Napa

State

CA

Zip Code

94558-4170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nationwide Enterprise

Occupation

Allied Reg Marketing Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	6

Transaction ID: EMP2006101388880

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Erich Lutkemuller

Mailing Address 3105 Strand Road

City

Rocklin

State

CA

Zip Code

95765-4319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nationwide Enterprise

Occupation

Claims Officer-Field

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	6

Transaction ID: EMP2006101388881

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

40.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A. Full Name (Last, First, Middle Initial)

Michael McKeever

Mailing Address 4252 Mockingbird Street

City State Zip Code  
 Fair Oaks CA 95628-6355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nationwide Enterprise

Occupation  
Claims Director - Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 6

Transaction ID: EMP2006101388876

Amount of Each Receipt this Period

10.00

B. Full Name (Last, First, Middle Initial)

Jaynealcyce Mitchell

Mailing Address 515 Causeway Drive

City State Zip Code  
 Sacramento CA 95831-5776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nationwide Enterprise

Occupation  
Allied Reg Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 6

Transaction ID: EMP2006101388892

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)

Robert O'Hollearn

Mailing Address 1005 Hutley Way

City State Zip Code  
 Granite Bay CA 95746-7160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nationwide Enterprise

Occupation  
Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 6

Transaction ID: EMP2006101388883

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

Full Name (Last, First, Middle Initial)

**A.** Jessette Porter

Mailing Address 1816 Marinette Lane

City State Zip Code  
 Roseville CA 95747-4940

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nationwide Enterprise

Occupation  
HR Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 6

Transaction ID: EMP2006101388896

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B.** Scott Schoenborn

Mailing Address 1573 Vista Ridge Way

City State Zip Code  
 Roseville CA 95661-4018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nationwide Enterprise

Occupation  
VP, PCRO Underwriting-Allied

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 6

Transaction ID: EMP2006101388870

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C.** Russell Tabbert

Mailing Address 2265 Heritage Drive

City State Zip Code  
 Roseville CA 95678-3412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nationwide Enterprise

Occupation  
Claims Director - Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 6

Transaction ID: EMP2006101388885

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

<b>A.</b> Full Name (Last, First, Middle Initial) Rick Thomas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1344 Muscat Circle		<b>Transaction ID:</b> EMP2006101388886
City Roseville	State CA	Zip Code 95747-7282
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nationwide Enterprise	Occupation CL Underwriting Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Beth Trotter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 3380 Swallows Nest Lane		<b>Transaction ID:</b> EMP2006101388874
City Sacramento	State CA	Zip Code 95833-9611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer N0135	Occupation P/C Sales Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>C.</b> Full Name (Last, First, Middle Initial) John Valentine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 8130 Walnut Villa Way		<b>Transaction ID:</b> EMP2006101388893
City Fair Oaks	State CA	Zip Code 95628-2775
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Nationwide Enterprise	Occupation Director - Sponsor Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

**A.**

Full Name (Last, First, Middle Initial)

Ursula Whitfield

Mailing Address 2081 Shropshire Street

City

Roseville

State

CA

Zip Code

95747-4951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nationwide Enterprise

Occupation

Staff Operations Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: EMP2006101388900

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

10.00

**TOTAL** This Period (last page this line number only) .....

295.00